

EOHHS Task Force
Monday March 28, 2016
1:00pm – Meeting Minutes

Attendees: Alan Krinsky, Mike Burk, Sharon Terzian, Mike Florczyk, Nicholas Oliver, Linda Katz, Roberta Merkle, Kathleen Kelly, Molly Hawes, Maria Barros, Jim Nyberg, Collene Palsell, Janet Iovino, Stephanie Terry, Joanne Malise, Kristina Brown, Chris Gadbois, Catherine Taylor, Maureen Maignet, Virginia Burke, Rick Glucksman, Tammy Russo, Linda Mahoney, Jennifer Reid, Diana Beaton, Lauren Lapolla, Tom Izzo, Janet Marquez, Kelly Lee, Claire Rosenbaum, Mike Walker, Josh Pacewic

I. Welcome - Senator Izzo

Senator Izzo: Welcome to everyone here today, hope all had a nice holiday weekend. Just so you know at the outset, number four on the agenda today, Ann is out of the office today and that piece is going to be postponed. As soon as that information becomes available we will send that along to you all. Let's move forward then with our existing agenda items.

II. Ongoing Initiatives Update

a. Reinventing Medicaid Implementation – Deb Florio, Deputy Director, Medicaid, EOHHS

Deb Florio: You all have a hand out of the information that we have just recently shared with the Governor's office. I have a few initiatives here to go in-depth. Things are actually happening and moving along – one of which is Home Stabilization. Home Stabilization is a new service that is a part of Medicaid now. Out of nothing has come something. Really driving that has been Jennifer Reid, Jessica Mowry, Holly Garvey, Michelle Szylin, many people from many departments I know I am forgetting. CMS told us they would consider paying, through Medicaid, for services to help people stay in housing. Not paying room and board, but rather the services to allow them to stay in a home – things like daily activities of living, budgeting etc. As a Medicaid service we can support and educate people living in the community to maintain their status. We had to develop certification standards, under what circumstances, how will we pay, how will they bill – and now those are all created. We have behavioral health organizations as potential providers, community action programs, housing collaborative are potential providers. The team is now doing technical assistance sessions right now – waiting for additional potential providers to come forward and apply in a simplified application process.

Nicholas Oliver: You had an informational session recently in the

meeting – what were the types of groups in attendance?

Jennifer Mowry: A pretty broad base of providers that attended. FQHCs, CMHCs, Thundermist, CCAPs, and Home Service providers.

Chris Gadbois: When can we see the rates for that?

Deb Florio: They are out with the certification standards now, which can be found on our website.

Deb Florio: Electronic Visit Verification, or EVV – the second initiative on here that we can talk about. This is for those personal care aids or CNAs, or home health aides; it's a way to be sure the visit has been made. There have been provider meetings to get this done. There is a vendor the state is working with the state, and kick off is June 1.

Nicholas Oliver: Yes there were three kick off meetings, and providers expressed concerns at that time.

Deb Florio: Coordinated care for SPMI - or integrated health home initiative. BHDDH had a health home initiative that we started years ago. That was redesigned, and for those enrolled it was put in managed care, those not enrolled those are handled by BHDDH. We continue to unfold that program, we do see some bumps in the road – many of these providers are not used to billing in a managed care manner, but members are getting the care they need. We want this to be a better way to do bundled payments and care coordination.

Deb Florio: The initiative formerly known as DSRIP. This has two parts – the health care transformation program (incentive program). The first part is OHHS will seek federal authority to set up an incentive program for one year for Nursing Facilities and Hospitals. Major cuts were taken in the FY116 budget and the General Assembly instructed OHHS to figure out how to get incentive payments out to providers. We have been working with CMS to get some matching funds. That is a year one thing – hospitals and nursing facilities have been working with Medicaid and the insurers in the state to talk about what kind of metrics should be used to provide incentives for. Not a glide path, but things are moving for year one. The rest of the transformation project – part two – is years 2 – 6 – a broader discussion with CMS about funding change in the delivery system to support alternative ways of paying and incentivizing new ways of improving the delivery system. I will also talk a little bit about how we will roll in the Accountable Entities into this, to move the financial arrangement further down. We want to put money into the system to grow that. My dream is - that right now our Accountable Entities are our primary care doctors and practices. Behind, say, Integra is Care NE hospitals. CharterCare has doctors, but behind them are at Fatima and Roger Williams. Imagine someday you have more of an integrated system with advocacy organizations and other groups to

help build out a big system that is not totally medicalized and proving the whole person. Those are out in the later years and we continue to talk to CMS on this to get that going. That is the bigger picture. This year we are focusing on the money from CMS to do the year one program.

Maureen Maigret: I noticed in that here in the hand out you have reference to the largest matchable items are elderly transportation and the consumer assistance programs. Are the elderly transportation programs now CNOMS?

Deb Florio: We had to show CMS places that are state only money – one of those now is elderly transformation. We showed that to them as a place we have never asked for match on in the past.

Maureen Maigret: So not getting CNOM money on that now – if we do get CNOM match, then where does that money go?

Deb Florio: It would go to year one of this program. It is a one time ask for this piece. It is not ongoing – we had to put together per the General Assembly a list of things we have spent general revenue on.

Maureen Maigret: It is a one shot deal then.

Deb Florio: It is a one shot deal.

Maureen Maigret: In the future if you get match on this again can you use it to help the elderly transportation program expand?

Deb Florio: One would think but it is not in my purview to say. Know that this is a list we gave to CMS for options – nothing approved just yet – a list of anything we spend general revenue on already and ask for match for a year.

Senator Izzo: How does this interact with pieces that we asked for the waiver that were delayed or put aside?

Deb Florio: Those were pretty separate. We still had to ask for additional CMS authority for housing....

Senator Izzo: I have lost track of how those pieces of the Medicaid waiver of things not being covered, so we included them, and CMS said no initially but you can come back in the future. How does this wish list interact with that wish list?

Deb Florio: We could do a more thorough crosswalk – I think that we lost a lot of those when we didn't go back right away.

Senator Izzo: That is interesting – we were told they were being prioritized, and they would continue to be a focus or re-application of those items. We should bring that back for discussion again.

Linda Katz: If you went back to the last waiver renewal of which some items we wanted to do then – some were re-asked for as a part of Reinvent Medicaid. A crosswalk would be helpful for sure as many things may have been moved or just renamed and moved.

Deb Florio: We should do that.

Senator Izzo: Thus going back to what Maureen was asking about – if

anything results from this goes to the incentive program but at this time it doesn't build capacity.

Linda Katz: This is a wholly different thing – this was never conceived of before in terms of the 1115 waiver – this was a result of last year's cuts and looking to build those incentives. CMS said show all the places you have general revenue investment that is not being matched currently that we can try to now match and you can use for the incentives. A wholly new thing separate from the 1115 piece, but to the extent we have issues like elderly transportation that is not adequate, while we may want to say to the feds that we cannot then ask to use it to make it adequate – that is a different ask. It would be interesting to see that list.

Maureen Maigret: Incentive program would be a one year thing – initially it was talked about being an ongoing effort....

Deb Florio: This program at this time is just a one year effort – not to say that there wouldn't be something done in future to try to keep improving, but this itself is one year to meet goals.

Deb Florio: Accountable Entities (AE's). We have five certified AE's, listed here. We have two types of Accountable Entities – two specialized Accountable Entities, the Providence Center and East Bay Mental Health. East Bay Mental Health and East Bay Community Action are now merged in a fairly new development. With these entities they care for about 60,000 Medicaid members. We are making sure that the Accountable Entities and the MCOs have some guidelines to go by – all are up on our website. It had been delayed. To get these things stood up we are going to learn – take it slow so we can learn, understand how it is going and really look at it before we create final certification standards. We are still in development,

Virginia Burke: Who are the MCOs involved?

Deb Florio: United and Neighborhood (NHP) –our requirements were that the MCOs had to contract with at least three Accountable Entities or cover 20,000 lives, and they had to contract with at least one of the Type 2 entities.

Linda Katz: It is probably worth mentioning that the dual eligibles are not part of this...?

Deb Florio: That is correct, except for the Type 2 (unless they have a diagnosis of SPMI). And no kids are attributed to Prospect.

Rich Glucksman: This looks great having all this information together – full certification standards what is the department envisioning coming out of that?

Deb Florio: A couple of things as we are building the airplane and flying it: we want to learn. We assumed we would learn that we

would do other types of specialty Accountable Entities, perhaps a long term care AE, or perhaps something more broadly – we anticipate we will learn about things that we want to include. We did rolling certifications – two openings, first apply by Nov 15, then a second apply by Jan 15, different demarcations of time, so at this point, since we do not know exactly the timing of the full certification standards, we allowed others to apply for the pilot. As the timelines are not in statute, if we wanted to limit the number that is how we would deal with it.

Linda Katz: It would be helpful at some point to have the Accountable Entities come in and do a presentation to this group once they are up and running for a little while and to talk about evaluation from the consumer perspective, and how the state is monitoring health outcomes and consumer outcomes particularly around social determinants of health as initially that is how they were promoted.

Senator Izzo: What is the timeline for the initial evaluation for how things are going?

Deb Florio: To Linda's point we could have them in, see what they are collecting, but you may not have outcome data right away. It is safe to say probably a June for what Linda is talking about – we will keep that in mind.

Deb Florio: Finally we have a few items that are behind schedule but still moving along.

_Unidentified Commenter: Under the RICLAS initiative what are the resource constraints?

Deb Florio: From getting those currently in group homes into shared living – resources at the department level. Now the final slide is the metrics – we can come back in a few months and review a few initiatives at a time.

Sharon Terzian: On the adult day services is that just elders?

Deb Florio: The changes we made was for adults with disabilities and elders.

Sharon Terzian: And for the kids?

Deb Florio: PASS, HBTS and Respite.

b. Budget – Deb Florio

Deb Florio: We had our hearings last week, and this one pager goes through what was reviewed at the hearings.

Maureen Maigret: Two items here – re-negotiate the transportation contract – what is the timeframe for that? Some of the advocates have concerns about quality and service?

Deb Florio: It is for the FY17 period so we would love feedback. Just

on the phone with Connecticut and reviewing their consumer materials.

Maureen Maigret: Yes Connecticut and New Jersey. Also, item 16 - UHIP, does that have to do with monies that go to the consultant company or...?

Deb Florio: Issues dealing with contractually with the vendor – and some has to do with the fact that we keep people on too long and some of the enhancements of the system will catch those who should be taken off the system appropriately.

Linda Katz: Just a footnote – the post eligibility verify of income – now happens quarterly and people go off when there is a data match. We have talked at our Consumer Advisory Committee meeting about having a better assessment of that. Deb has been engaged and offered to do some work to get a handle on what is going on. It is fine to save money for those who truly are no longer eligible, but not just administrative.

Deb Florio: Right, great thank you.

c. Money Follows the Person (MFP) – Jennifer Reid, Jessica Mowry

Jennifer Reid: We like to give an update on a quarterly basis on what we are doing through MFP using rebalancing dollars. Jessica will talk about this a new opportunity.

Jennifer Mowry: As some of you know we partnered with Maria Mancebo to launch the hoarding work group. We have moved quickly to gain approval from CMS to train those in the mental health community to early report. The training we hope will take place in June – both a one day training to help clinicians learn the skills to carry out the interventions. There will be five leadership positions out of the training day who can be reach out to in order to help guide and lead others in more extreme cases. Then there will also be on the website hoarding best practices guide, and other key information. This work evolved out of the MFP work from those who saw many with hoarding concerns that lead people to be unable to stay in their homes or made their homes unlivable. We want a more technically trained workforce. The expansion of HCBS to allow people to remain the community is always a goal.

III. Department Behavioral Healthcare, Developmental Disabilities and Hospitals Update

a. Person Centered Planning – Heather Mincey, Administrator of the Division of Developmental Disabilities, BHDDH

Heather Mincey: Overview of what we are doing and where we are at in the state. We have pulled together a larger working group as Person Centered Planning (PCP) needs to cover anyone getting HCBS,

but DD has pulled out a subgroup focusing on those with DD issues. We are working on a document – the individual service plan, which is their plan of what they want to do for the upcoming year. Working on creating a manual and a guide to help whoever is facilitating or plan writing with the individual to help them guide that process. Often people think it is person centered but changed forms make it tough - I think through the HCB rules we can pull people into the process, they run their meeting, say who they want there, it is a very big initiative. Our group has come up with new forms, which we will send out to community partners to really review and make suggestions. There are less forms to fill out and we are hoping these will be less cumbersome and get to the point of the individuals' goals. Our next step is to send those forms out to the larger community to ensure that they are user friendly. We will have the forms translated into symbols by Advocates in Action for those clients who are non-verbal. Currently we are working on the manuals, the guides that will help those who are facilitating the process. We see in our system people who have had others make choices for them their whole lives, so the self determination piece is key.

Unidentified Commenter: Are the forms you will send out – are those for community feedback or are they done?

Heather Mincey: They are done unless we receive really strong, negative community feedback. We know we will have some comments but as starting point we think we are in a fairly good place.

Unidentified Commenter: What is the timeline?

Heather Mincey: I do not have a specific date, but I will say by July 1.

Unidentified Commenter: I know the department has been working on conflict free case management – do those dovetail?

Heathery Mincey: This will come out and we are still working on the conflict free case management. Need to see who would be facilitating, writing the plans, but we cannot wait entirely so want to start the process.

Senator Izzo: It sounds like you are doing a lot of work in the structure with the writing of the plans. What protections are there for the client?

Heather Mincey: I would like to say that the availability wouldn't guide the plans. We have discussed where the agencies would describe the plans. The agencies within our systems are going through so many changes right now with HCBS rules, Consent decree, residential service programs are changing, etc. There are definitely capacity issues and so I think until things have changed and we are moving towards a better system it will be difficult for anyone to get

open ended services. Yes there will be some of those challenges with that, working through it, trying to do what we can to help agencies manage those challenges. I do want to say that we are building all these guides and different discussion pieces while people are going through the planning process but we do not want it to be a structure; we want people to be able to use the tools they want that can work best for them. There are different tools out there you can use. There will also be a lot of different questions and guides to help facilitate questions. It will be a different way of doing things but very good when it works. Also we are still working on our regs.

Unidentified Commenter: Is there a time frame for when you anticipate the regs will be done?

Heather Mincey: we are making changes now on our regs on SLA – after that process takes place, then later part of the summer, will likely then move to the next step. There is so much change we need to do it incrementally.

Unidentified Commenter: If this is rolling out hopefully around July 1 would you then have some sort of variance or waiver as the plan itself wouldn't be within the existing regs.

Heather Mincey: We will have to look at that - I do not think that what we are doing here will be counter to the regs but will need to take other things out of the regs.

Unidentified Commenter: When the forms were drafted were they drafted for those clients who do have a guardian in place for those who do have significant limitations?

Heathery Mincey: Yes – that is why we have been working so closely with advocates in action to be sure we translate as best as possible into symbols for the non verbal crowd, working with an individual long enough that you can read the body language of the client. In doing the PCP process there are questions people could ask the facilitator to ask to really see what the individual wants the most.

- b. Governor's Overdose Task Force Dashboard – Linda Mahoney, Administrator, BHDDH & Brandon Marshall, PhD, Brown Department of Epidemiology

Brandon Marshall presents slides on the Governor's Overdose Task Force Dashboard. Slides available upon request via email to lauren.lapolla@ohhs.ri.gov

Deb Florio: One thing that would also be helpful would be to know who we stand as compared to other New England states. The other thing is to understand what the access issues are if people are waiting

for treatment but have not been successful. For state government that would be helpful.

Brandon Marshall: Excellent.

Linda Mahoney: The department does track some of that to try to keep that information flowing.

Brandon Marshall: I know that we were highest in New England for a while but recently New Hampshire eclipsed us. We are working on tracking that as well.

Linda Mahoney: One of the benefits of RI and to use this work is to have data to drive our resources which are limited.

Linda Katz: Will you have some work as people enroll in Medicaid that we can also share some peer information?

Brandon Marshall: That general information we can provide but that is great.

Linda Katz: I didn't know if as a data point going forward we could break down between Medicaid and commercial insurance clients?

Linda Mahoney: That is definitely the goal behind this campaign.

Kathy Heren: I noticed you track the amount of deaths for certain drugs, are you also tracking those who take combinations?

Brandon Marshall: We did not display that data today, but we do have it. I agree that is important information. We have recently noticed that combination of cocaine and fentanyl are particularly troublesome.

Kathy Heren: Are you working collaboratively with Samaritans?

Linda Mahoney: I know that we are planning to work with them as well.

Senator Izzo: Do you do anything with age cohorts?

Brandon Marshall: The average age is 42, if anything we have seen it go younger or later. Younger deaths tend to be illicit drug related, and older tend to be more prescription.

Linda Mahoney: An issue also is that fentanyl looks and smells a lot like heroin, and thus younger people are tending to access it not knowing it is different from heroin with even more perilous results.

Linda Mahoney presents additional slides on the Governor's Overdose Task Force Dashboard, which are also available upon request.

Sharon Terzian: Do you talk at walk-ins at all? I broke my toe and stated I would be fine with Ibuprofen, and the walk in clinician pushed OxyContin. I thought that was horrible.

Linda Mahoney: It is a systemic issue – we are trying to train residents early on about appropriate prescriptions. We do invite

walk-ins to come.

Linda Katz: This is great, but I am not clear on how these efforts integrate with EOHHS efforts around health homes, integrated care, etc.? I know that BHDDH works with those who receive Medicaid but how do they come together?

Linda Mahoney: That's a good question. The Opioid Treatment Programs (OTP) came out of the health homes – they all have care management services. This is in addition to it – we want to be sure we find the people we are missing right now. There is no funding for outreach, and when people come in with an overdose, 80% of those asked if they had ever been in treatment stated no. This is about contact and finding folks, not waiting for them to come to you. Health home services have peers, worked with Medicaid as well, and commercial insurers who are on board, and we are working on getting funding for those services not covered.

Rich Glucksman: Doctors prescribing some of these drugs – do you envision a point where you come to some kind of reporting on docs who overprescribe?

Linda Mahoney: We do work with the Department of Health – we just did have the resources and data. We applied for the CDC grant. Brandon went to four different pharmacies with four different doctors and saw that could all be better coordinated. Education called Academic Debrief. Starting in offices, but also in ambulatory services in the early process of doing things. Anyone who wants to be involved can go on our website.

- IV. Rules Update – Not given due to scheduling conflicts of presenter.
- V. Public Comment – No additional comments provided by the public at this time.
- VI. Adjourn